
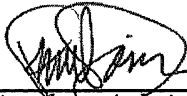


21451

 0000517869 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2020 065705	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name FERREIRA , THERESA — Place of Death 78 SEARS ROAD, SOUTHBOROUGH, MA Date of Death DECEMBER 18, 2020 Date of Birth FEBRUARY 27, 1931 Sex FEMALE Residence 78 SEARS ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent) NO				
	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ Date entered(most recent) _____ Date Discharged (most recent) _____ Service Number(most recent) _____				
	Certifier FABIAN DELGADO, MD Lic # 243137 Addr. 1 EDGEWATER DRIVE, NORWOOD, MASSACHUSETTS 02062				
	Immediate Cause of Death COVID-19 PNEUMONIA				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/Designee PHILLIP R. SHORT Lic # 50881 Facility. SHORT & ROWE FUNERAL HOME, MARLBOROUGH, MASSACHUSETTS Disposition Type CREMATION Date of Disposition DECEMBER 21, 2020 Place/Address ALL FAITHS CEMETERY AND CREMATORY, 7 ISLAND ROAD, WORCESTER, MASSACHUSETTS 01603				
	Endorsements				
	Registry of Vital Records and Statistics State Tracking # 065705 Date DECEMBER 21, 2020		Board of Health/Agent for: SOUTHBOROUGH Local Permit # E-PERMIT Date _____ Name of Agent _____		
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
CONFIRMATION	Place of Disposition (Facility Name and Address) All Faiths Crematory, Worcester		Signature X 		
	Disposition Type Cremation	Date of Disposition 12/23/2020	Name of Superintendent or Authorized Designee: Paul A. Druin		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

73584



0000434126

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2020 001641

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	RAYMOND , LORRAINE R		
	Place of Death	HARRINGTON MEMORIAL HOSPITAL, SOUTHBRIDGE, MA		
	Date of Death	JANUARY 04, 2020	Date of Birth	APRIL 24, 1949
	Residence	214 PARK CIRCLE, STURBRIDGE, MASSACHUSETTS 01566		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent)			
	NO			
	Branch of military (most recent)		Rank/organization/outfit(most recent)	
	---		---	
	Date entered(most recent)		Date Discharged (most recent)	Service Number(most recent)
CERTIFIER	Certifier TAI TEMPLE, MD		Lic # 238229	
	Addr. 100 SOUTH STREET, SOUTHBRIDGE, MASSACHUSETTS 01550			
	Immediate Cause of Death ACUTE HYPERCAPNIA RESPIRATORY FAILURE			

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	WILLIAM P BELANGER	Lic # 6229
	Facility	BELANGER-BULLARD FUNERAL HOME, SOUTHBRIDGE, MASSACHUSETTS	
	Disposition Type	CREMATION	Date of Disposition JANUARY 10, 2020
	Place/Address	RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605	

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBRIDGE
	State Tracking # 001641	Local Permit # E-PERMIT
	Date JANUARY 14, 2020	Date --- Name of Agent ---

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
	Rural Cemetery 180 Grove Street Worcester, MA 01605		X
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:
	CREMATION	JAN 14 2020	John H Cobill

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

73590

 0000434750 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2020 001539	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name KIMBALL, DAWN ELAINE				
	Place of Death HARRINGTON MEMORIAL HOSPITAL, SOUTHBRIDGE, MA				
	Date of Death JANUARY 11, 2020		Date of Birth JANUARY 08, 1959		Sex FEMALE
	Residence 128 PINE AVENUE, SOUTHBRIDGE, MASSACHUSETTS 01566				
	If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____ Date entered (most recent) _____ Date Discharged (most recent) _____ Service Number (most recent) _____				
CERTIFIER	Certifier MARIE KING, MD Lic # 253724				
	Addr. 100 SOUTH STREET, SOUTHBRIDGE, MASSACHUSETTS 01550				
	Immediate Cause of Death CARDIOPULMONARY ARREST				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/Designee JOHN P. HICKEY Lic # 6889				
	Facility SCANLON FUNERAL SERVICE, WEBSTER, MASSACHUSETTS				
	Disposition Type CREMATION		Date of Disposition JANUARY 14, 2020		
	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBRIDGE		
	State Tracking # 001539		Local Permit # E-PERMIT		
	Date JANUARY 13, 2020		Date _____ Name of Agent _____		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) Rural Cemetery 180 Grove Street Worcester, MA 01605		Signature John H. Cobill		
	Disposition Type Cremation	Date of Disposition JAN 15 2020	Name of Superintendent or Authorized Designee: John H Cobill		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000434990

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2020 002145

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name CAPIZZI , SALVATORE ---		
	Place of Death 71 WILLIAM ONTHANK LANE, SOUTHBOROUGH, MA		
	Date of Death JANUARY 12, 2020	Date of Birth APRIL 02, 1926	Sex MALE
	Residence 71 WILLIAM ONTHANK LANE, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent) NO		
	Branch of military (most recent) --- Rank/organization/outfit (most recent) ---		
CERTIFIER	Date entered (most recent) ---		Date Discharged (most recent) ---
	Service Number (most recent) ---		
	Certifier VINCENT YUAN, MD Lic # 730587		
	Addr. 571 UNION AVENUE, FRAMINGHAM, MASSACHUSETTS 01702		
DISPOSITION	Immediate Cause of Death FAILURE TO THRIVE		
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
	Funeral Licensee/Designee DOUGLAS L TERSONI Lic # 50904		
	Facility. NORTON FUNERAL HOME, INC., FRAMINGHAM, MASSACHUSETTS		
PERMIT	Disposition Type BURIAL Date of Disposition JANUARY 17, 2020		
	Place/Address SOUTHBOROUGH RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
	Endorsements		
	Registry of Vital Records and Statistics Board of Health/Agent for: SOUTHBOROUGH		
CONFIRMATION	State Tracking # 002145		Local Permit # E-PERMIT
	Date JANUARY 16, 2020		Date ---
			Name of Agent ---
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
CONFIRMATION	Place of Disposition (Facility Name and Address) RURAL CEMETERY 11 CORDAVILLE RD, SOUTHBOROUGH, MA SEC. I LOT # 261		Signature X
	Disposition Type BURIAL	Date of Disposition JANUARY 17, 2020	Name of Superintendent or Authorized Designee: VINCENT H. GILMORE


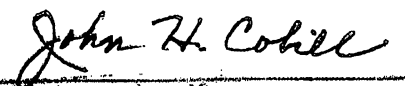
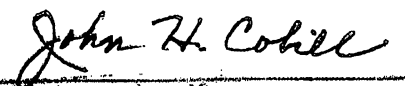
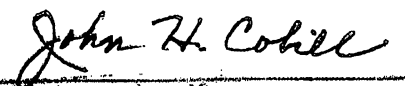
Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

73638

 Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2020 002775 OCME CASE # 2020-738				
Information necessary for the Certificate of Death has been completed for:						
DECEDENT	Decedent Name BRESSETTE , ANTHONY A					
	Place of Death HARRINGTON MEMORIAL HOSPITAL, SOUTHBRIDGE, MA					
	Date of Death JANUARY 16, 2020	Date of Birth OCTOBER 11, 1963 Sex MALE				
	Residence 1391 BRIMFIELD ROAD, WARREN, MASSACHUSETTS 01863					
	If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____ Date entered (most recent) _____ Date Discharged (most recent) _____ Service Number (most recent) _____					
CERTIFIER	Certifier CHRISTOPHER PERRY, MD Lic # 274670 Addr. 720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118					
	Immediate Cause of Death PENDING					
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:						
DISPOSITION	Funeral Licensed/Designee MICHAEL J PILLSBURY Lic # 50857 Facility PILLSBURY FUNERAL HOME, INC., NORTH BROOKFIELD, MASSACHUSETTS Disposition Type CREMATION Date of Disposition JANUARY 21, 2020 Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605					
	Endorsements					
	PERMIT	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> Registry of Vital Records and Statistics State Tracking # 002775 Date JANUARY 21, 2020 </td> <td style="width: 50%;"> Board of Health/Agent for: SOUTHBRIDGE Local Permit # E-PERMIT Date _____ Name of Agent _____ </td> </tr> </table>		Registry of Vital Records and Statistics State Tracking # 002775 Date JANUARY 21, 2020	Board of Health/Agent for: SOUTHBRIDGE Local Permit # E-PERMIT Date _____ Name of Agent _____	
	Registry of Vital Records and Statistics State Tracking # 002775 Date JANUARY 21, 2020	Board of Health/Agent for: SOUTHBRIDGE Local Permit # E-PERMIT Date _____ Name of Agent _____				
I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:						
CONFIRMATION	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> Place of Disposition (Facility Name and Address) <div style="text-align: center;"> Rural Cemetery 180 Grove Street Worcester, MA 01605 </div> </td> <td style="width: 50%;"> Signature <div style="text-align: center;">  </div> </td> </tr> <tr> <td> Disposition Type <div style="text-align: center; font-weight: bold;">Cremation</div> </td> <td> Date of Disposition <div style="text-align: center;"> JAN 21 2020 </div> </td> </tr> </table>		Place of Disposition (Facility Name and Address) <div style="text-align: center;"> Rural Cemetery 180 Grove Street Worcester, MA 01605 </div>	Signature <div style="text-align: center;">  </div>	Disposition Type <div style="text-align: center; font-weight: bold;">Cremation</div>	Date of Disposition <div style="text-align: center;"> JAN 21 2020 </div>
	Place of Disposition (Facility Name and Address) <div style="text-align: center;"> Rural Cemetery 180 Grove Street Worcester, MA 01605 </div>	Signature <div style="text-align: center;">  </div>				
Disposition Type <div style="text-align: center; font-weight: bold;">Cremation</div>	Date of Disposition <div style="text-align: center;"> JAN 21 2020 </div>					
Name of Superintendent or Authorized Designee <div style="text-align: center; font-weight: bold;">John H Cobill</div>						

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

73838

		Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2020 006595
0000441076 Form R-309 07012014				
Information necessary for the Certificate of Death has been completed for:				
DECEDENT	Decedent Name BELLOLI , EDWARD ANTHONY			
	Place of Death 49 BOSTON ROAD, 10 B, SOUTHBOROUGH, MA			
	Date of Death FEBRUARY 08, 2020		Date of Birth NOVEMBER 22, 1949 Sex MALE	
	Residence 49 BOSTON ROAD, 10 B, SOUTHBOROUGH, MASSACHUSETTS 01772			
DECEDENT	If U.S. veteran, specify war/conflict(s) (most recent) NO			
	Branch of military (most recent)		Rank/organization/outfit (most recent)	
	Date entered (most recent)		Date Discharged (most recent)	
	Service Number (most recent)			
CERTIFIER	Certifier ANA ESPILA NAVARRO, MD Lic # 246617			
	Addr. 761 WORCESTER ROAD, FRAMINGHAM, MASSACHUSETTS 01701			
	Immediate Cause of Death LUNG CANCER WITH METS			
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:				
DISPOSITION	Funeral Licensee/Designee NANCY G MORRIS Lic # 50277			
	Facility MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS			
	Disposition Type CREMATION		Date of Disposition FEBRUARY 11, 2020	
	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605			
Endorsements				
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH	
	State Tracking # 006595		Local Permit # E-PERMIT	
	Date FEBRUARY 11, 2020		Date --- Name of Agent ---	
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:			
	Place of Disposition (Facility Name and Address) Rural Cemetery 180 Grove Street Worcester, MA 01605		Signature 	
	Disposition Type Cremation	Date of Disposition FEB 12 2020	Name of Superintendent or Authorized Designee: John H Cobill	


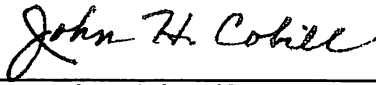
Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

73861

 0000441633 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2020 007406 OCME CASE # 2020-1957	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name TOMASIAN , MARNIE M Place of Death 367 TURNPIKE ROAD, SOUTHBOROUGH, MA Date of Death FEBRUARY 10, 2020 Date of Birth MAY 11, 1973 Sex FEMALE Residence 90 IRVING STREET, APT. 303, FRAMINGHAM, MASSACHUSETTS 01701				
	If U.S. veteran, specify war/conflict(s) (most recent) NO				
	Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____ Date entered (most recent) _____ Date Discharged (most recent) _____ Service Number (most recent) _____				
	Certifier ANDREW ELIN, DO Lic # 274041 Addr. 720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118				
	Immediate Cause of Death PENDING				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee STEPHEN F. GEMELLI Lic # 6280 Facility MERCADANTE FUNERAL HOME, WORCESTER, MASSACHUSETTS Disposition Type CREMATION Date of Disposition FEBRUARY 17, 2020 Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605				
	Endorsements				
	Registry of Vital Records and Statistics State Tracking # 007406 Date FEBRUARY 17, 2020		Board of Health/Agent for: SOUTHBOROUGH Local Permit # E-PERMIT Date _____ Name of Agent _____		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) Rural Cemetery 180 Grove Street Worcester, MA 01605			Signature X 	
	Disposition Type Cremation	Date of Disposition FEB 17 2020	Name of Superintendent or Authorized Designee: John H Cobill		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

73857

		Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2020 007102 OCME CASE # 2020-2009
0000442115 Form R-309 07012014				
Information necessary for the Certificate of Death has been completed for:				
DECEDENT	Decedent Name DISHMAN, CHRISTINA CASHELLE			
	Place of Death 39 CARRIAGE HILL CIRCLE, SOUTHBOROUGH, MA			
	Date of Death FEBRUARY 12, 2020		Date of Birth JULY 07, 1984	
	Sex FEMALE			
	Residence 39 CARRIAGE HILL CIRCLE, SOUTHBOROUGH, MASSACHUSETTS 01772			
	If U.S. veteran, specify war/conflict(s) (most recent) NO			
	Branch of military (most recent) —		Rank/organization/outfit (most recent) —	
Date entered (most recent) —		Date Discharged (most recent) —		Service Number (most recent) —
CERTIFIER	Certifier IRINI A. SCORDI-BELLO, MD			
	Lic # 269344			
	Addr. 720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118			
Immediate Cause of Death COMPLICATIONS OF ALCOHOLIC CIRRHOSIS				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:				
DISPOSITION	Funeral Licensee/Designee NANCY G MORRIS			
	Lic # 50277			
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS			
	Date of Disposition FEBRUARY 14, 2020			
Disposition Type CREMATION				
Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605				
Endorsements				
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH	
	State Tracking # 007102		Local Permit # E-PERMIT	
	Date FEBRUARY 13, 2020		Date — Name of Agent —	
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:			
	Place of Disposition (Facility Name and Address) Rural Cemetery 180 Grove Street Worcester, MA 01605		Signature X John H. Cobill	
	Disposition Type Cremation	Date of Disposition FEB 17 2020	Name of Superintendent or Authorized Designee: John H Cobill	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

**VERMONT DEPARTMENT OF HEALTH
BURIAL-TRANSIT PERMIT**

Permit No. _____

Permit for Removal, Disinterment and Reinterment

1. Decedent's Name Thomas Mark Morris		2. Sex Male	3. Date of Death February 18, 2018
4. City/Town of Death Jamaica	5. Date of Birth July 06, 1956	6. Place of Birth Southborough, MA	
7. Name and Address of Funeral Director Atamaniuk Funeral Home Inc., 40 Terrace Street, Brattleboro, VT 05301			
PERMISSION REQUESTED FOR: (Check only one box and complete the appropriate section) <input type="checkbox"/> Temporary Storage or Donation (Section A) <input type="checkbox"/> Cremation (Section C) <input type="checkbox"/> Burial or Entombment (Section D) <input type="checkbox"/> Removal From Temporary Storage/Place of Donation or Disinterment (Section B) <input checked="" type="checkbox"/> Removal From State (Section E)			
SECTION A: IF TEMPORARY STORAGE OR DONATION IN VERMONT			
Name of Cemetery/Place or Donation Facility		City/Town	Date
PERMISSION GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE (Title 18, V.S.A. 5201)			
Signature of Clerk/Deputy or Funeral Director		City/Town	Date
Signature of Sexton/Cemetery Official or Representative of Organization Receiving Donation			Date
SECTION B: IF REMOVAL FROM TEMPORARY STORAGE/PLACE OF DONATION OR DISINTERMENT			
Name of Cemetery/Place or Facility from which body is being removed		City/Town	Date
PERMISSION GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE (Title 18, V.S.A. 5201)			
Signature of Clerk/Deputy or Funeral Director		City/Town	Date
Signature of Sexton/Cemetery Official			Date
SECTION C: IF CREMATION IN VERMONT			
Name of Crematorium		City/Town	Date
PERMISSION GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE (Title 18, V.S.A. 5201)			
Signature of Clerk/Deputy or Funeral Director		City/Town	Date
Signature of Crematorium Official		Container Number	Date
SECTION D: IF BURIAL OR ENTOMBMENT IN VERMONT			
Name of Cemetery <i>RURAL CEMETERY</i>		City/Town <i>Southborough, MA</i>	Date <i>11-9-2019</i>
PERMISSION GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE (Title 18, V.S.A. 5201)			
Signature of Clerk/Deputy or Funeral Director		City/Town	Date
Body was: <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Entombed		Date <i>11-9-2019</i>	
Section <i>Sec. 10</i>	Lot Number <i>27-A</i>	Grave Number <i>Sec. 4A</i>	Signature of Sexton/Cemetery Official <i>[Signature]</i>
SECTION E: IF REMOVAL FROM STATE			
Name of Cemetery or Place to where body is being taken <i>Cheshire Family Crematory</i>		City/Town, State or Country <i>Troy, NH</i>	Date <i>February 27, 2018</i>
PERMISSION GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE (Title 18, V.S.A. 5201)			
Signature of Clerk/Deputy or Funeral Director <i>[Signature]</i>		City/Town <i>Brattleboro, VT</i>	Date <i>February 22, 2018</i>

This permit is to be filed with the City/Town Clerk by the 10th day of the month following disposition. (Title 18 V.S.A. 5215)



0000452117

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2020 015313

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name CIPRIANO , PAULINE MARIE		
	Place of Death 110 MAIN STREET, SOUTHBOROUGH, MA		
	Date of Death MARCH 29, 2020	Date of Birth FEBRUARY 15, 1930	Sex FEMALE
	Residence 110 MAIN STREET, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent) NO		
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____		
	Date entered(most recent) _____ Date Discharged (most recent) _____ Service Number(most recent) _____		
	Certifier JOANNE SUNA, MD Lic # 74958		
	Addr. 307 W CENTRAL STREET, NATICK, MASSACHUSETTS 01760		
	Immediate Cause of Death CARDIOPULMONARY ARREST		
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:			
DISPOSITION	Funeral Licensee/Designee NANCY G MORRIS Lic # 50277		
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS		
	Disposition Type BURIAL Date of Disposition APRIL 04, 2020		
	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
Endorsements			
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 015313		Local Permit # E-PERMIT
	Date MARCH 31, 2020		Date _____ Name of Agent _____
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address) RURAL CEMETERY 11 CORDAVILLE RD. SOUTHBOROUGH, MA SEC. 13, LOT 31, GRV#4		Signature X
	Disposition Type FULL EARTH BURIAL	Date of Disposition APRIL 4, 2020	Name of Superintendent or Authorized Designee BUDGET OF, GILLENY

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000456927

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2020 021970

OCME CASE # 2020-5177

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	BAEZ , HECTOR IVAN		
	Place of Death	RED ROOF INN, SOUTHBOROUGH, MA		
	Date of Death	APRIL 14, 2020	Date of Birth	OCTOBER 03, 1969
	Sex	MALE		
	Residence	17 FRUIT STREET, ASHLAND, MASSACHUSETTS 01721		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent)			
	NO			
	Branch of military (most recent)		Rank/organization/outfit(most recent)	
	---		---	
	Date entered(most recent)	Date Discharged (most recent)	Service Number(most recent)	
---		---		
CERTIFIER	Certifier	JANICE Y. GRIVETTI, DO		
	Addr.	720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118		
	Immediate Cause of Death	PENDING		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	MICHAEL T. WEST	Lic # 6308
	Facility.	BRADY & FALLON FUNERAL SERVICE, BOSTON, MASSACHUSETTS	
	Disposition Type	CREMATION	Date of Disposition
	Place/Address	SAINT MICHAEL CREMATORY, 500 CANTERBURY STREET, BOSTON, MASSACHUSETTS 02131	

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for:	SOUTHBOROUGH	
	State Tracking #	021970	Local Permit #	E-PERMIT
	Date	APRIL 23, 2020	Date	---
		Name of Agent	---	

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
	St. Michael Crematory 500 Canterbury Street Boston, MA 02131		X Michael Sheehan
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:
	Cremation	4/24/2020	Michael D. Sheehan, G.M.

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000462594

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2020 024326

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	PESSINI, CAROLINE —		
	Place of Death	4 MAPLE STREET, SOUTHBOROUGH, MA		
	Date of Death	APRIL 29, 2020	Date of Birth	OCTOBER 20, 1918
	Sex	FEMALE		
	Residence	4 MAPLE STREET, SOUTHBOROUGH, MASSACHUSETTS 01772		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent)	NO		
	Branch of military (most recent)	Rank/organization/outfit (most recent)		
	Date entered (most recent)	Date Discharged (most recent)	Service Number (most recent)	
	Certifier	SHAHNAZ MONTAQUE, MD		Lic # 55438
	Addr.	3 FRANKLIN COMMON, FRAMINGHAM, MASSACHUSETTS 01702		
	Immediate Cause of Death	FAILURE TO THRIVE		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	NANCY G MORRIS	Lic # 50277
	Facility	MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS	
	Disposition Type	BURIAL	Date of Disposition MAY 02, 2020
	Place/Address	RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772	

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 024326	Local Permit # E-PERMIT
	Date APRIL 30, 2020	Date — Name of Agent —

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:	
	Place of Disposition (Facility Name and Address)	Signature
	Disposition Type	Date of Disposition
	Full Name of Designee	Name of Superintendent or Authorized Designee:

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000474819 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2020 033671	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name MISENER , JOAN M Place of Death 8 LATISQUAMA ROAD, SOUTHBOROUGH, MA Date of Death JUNE 04, 2020 Date of Birth SEPTEMBER 19, 1933 Sex FEMALE Residence 8 LATISQUAMA ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____ Date entered (most recent) _____ Date Discharged (most recent) _____ Service Number (most recent) _____				
	Certifier SARAH H. HUGHES, MD Lic # 221461 Addr. 119 BELMONT STREET, WORCESTER, MASSACHUSETTS 01605				
	Immediate Cause of Death ADVANCED GYNECOLOGIC CANCER				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277 Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS Disposition Type BURIAL Date of Disposition JUNE 08, 2020 Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772				
	Endorsements				
	Registry of Vital Records and Statistics State Tracking # 033671 Date JUNE 05, 2020		Board of Health/Agent for: SOUTHBOROUGH Local Permit # E-PERMIT Date _____ Name of Agent _____		
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
CONFIRMATION	Place of Disposition (Facility Name and Address) RURAL CEMETERY 11 CORDAVILLE RD SOUTHBOROUGH, MA SEP. 13, LOT 6, GRV#2		Signature X 		
	Disposition Type FULL EARTH BURIAL	Date of Disposition JUNE 8, 2020	Name of Superintendent or Authorized Designee: 		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

75164



0000476521

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2020 034816

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	ABU, GLORIA LOUISE		
	Place of Death	9 BLUEBERRY LANE, SOUTHBOROUGH, MA		
	Date of Death	JUNE 11, 2020	Date of Birth	SEPTEMBER 12, 1925
	Sex	FEMALE		
	Residence	9 BLUEBERRY LANE, SOUTHBOROUGH, MASSACHUSETTS 01772		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent)	NO		
	Branch of military (most recent)	Rank/organization/outfit (most recent)		
	Date entered (most recent)	Date Discharged (most recent)	Service Number (most recent)	
	Certifier	ASHRAF ELKERM, MD		Lic # 81917
	Addr.	370 WEST STREET, LEOMINSTER, MASSACHUSETTS 01453		
	Immediate Cause of Death	CONGESTIVE HEART FAILURE		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	JOHN A. MATARESE, JR	Lic # 6664
	Facility	MATARESE FUNERAL HOME AND CREMATION SERVICE, INC., ASHLAND, MASSACHUSETTS	
	Disposition Type	CREMATION	Date of Disposition
	Place/Address	RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605	

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking #	034816	Local Permit #	E-PERMIT
	Date	JUNE 12, 2020	Date	---
			Name of Agent	---

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)	Signature	
	RURAL CEMETERY 11 CORDVILLE RD, SOUTHBOROUGH, MA SEC. K, BIV. 30	X	
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:
	ANUAL OF CREMATED REMAINS	AUGUST 7, 2020	BRIDGET H. GILLEY

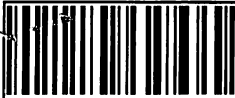
Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

75164



0000476521

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2020 034816

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	ABU , GLORIA LOUISE		
	Place of Death	9 BLUEBERRY LANE, SOUTHBOROUGH, MA		
	Date of Death	JUNE 11, 2020	Date of Birth	SEPTEMBER 12, 1925
			Sex	FEMALE
	Residence	9 BLUEBERRY LANE, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent)	NO		
Branch of military (most recent)	Rank/organization/outfit(most recent)			
Date entered(most recent)	Date Discharged (most recent)	Service Number(most recent)		
CERTIFIER	Certifier	ASHRAF ELKERM, MD		
	Adär.	370 WEST STREET, LEOMINSTER, MASSACHUSETTS 01453		
	Immediate Cause of Death	CONGESTIVE HEART FAILURE		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	JOHN A. MATARESE, JR	Lic # 6664
	Facility.	MATARESE FUNERAL HOME AND CREMATION SERVICE, INC., ASHLAND, MASSACHUSETTS	
	Disposition Type	CREMATION	Date of Disposition
	Place/Address	RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605	

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for:	SOUTHBOROUGH	
	State Tracking #	034816	Local Permit #	E-PERMIT
	Date	JUNE 12, 2020	Date	---
			Name of Agent	---

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)	Signature	
Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:	
Cremation	JUN 12 2020	John H Cobill	



Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

75180

 0000476664 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2020 035078	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name STEVENS , PHYLLIS L				
	Place of Death HARRINGTON MEMORIAL HOSPITAL, SOUTHBRIDGE, MA				
	Date of Death JUNE 11, 2020		Date of Birth AUGUST 08, 1929		Sex FEMALE
	Residence 249 DUDLEY-SOUTHBRIDGE ROAD, DUDLEY, MASSACHUSETTS 01571				
	If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ Date entered(most recent) _____ Date Discharged (most recent) _____ Service Number(most recent) _____				
CERTIFIER	Certifier ISSAMA ONEYSSI, MD Lic # 76569				
	Addr. 100 SOUTH STREET, SOUTHBRIDGE, MASSACHUSETTS 01550				
	Immediate Cause of Death PULMONARY EMBOLISM				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/Designee BRYAN J GIVNER, SR Lic # 7009				
	Facility PARADIS-GIVNER FUNERAL HOME, OXFORD, MASSACHUSETTS				
	Disposition Type CREMATION		Date of Disposition JUNE 16, 2020		
	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBRIDGE		
	State Tracking # 035078		Local Permit # E-PERMIT		
	Date JUNE 15, 2020		Date _____ Name of Agent _____		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) Rural Cemetery 180 Grove Street Worcester, MA 01605		Signature  X		
	Disposition Type Cremation	Date of Disposition JUN 16 2020	Name of Superintendent or Authorized Designee: John H Cobill		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000479216 Form R-309 07012014	 Commonwealth of Massachusetts Registry of Vital Records and Statistics	DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT	State File # 2020 036992
Information necessary for the Certificate of Death has been completed for:			
DECEDENT	Decedent Name TREMBLAY , DONALD E		
	Place of Death 49 BOSTON ROAD, 4B, SOUTHBOROUGH, MA		
	Date of Death JUNE 24, 2020		Date of Birth NOVEMBER 26, 1935 Sex MALE
	Residence 49 BOSTON ROAD, 4B, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent) KOREA		
CERTIFIER	Branch of military (most recent) AIR FORCE		Rank/organization/outfit (most recent) A/IC
	Date entered (most recent) APRIL 10, 1953	Date Discharged (most recent) APRIL 09, 1957	Service Number (most recent) AF 12 440 709
	Certifier MICHAEL H HAKIM, MD		Lic # 219697
	Addr. 182 WEST STREET, WARE, MASSACHUSETTS 01082		
	Immediate Cause of Death CARDIOPULMONARY ARREST		
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:			
DISPOSITION	Funeral Licensee/ Designee BRIAN C. MCKINNEY		Lic # 50106
	Facility MCCARTHY, MCKINNEY & LAWLER FUNERAL HOME, FRAMINGHAM, MASSACHUSETTS		
	Disposition Type CREMATION		Date of Disposition JUNE 25, 2020
	Place/Address SAINT MICHAEL CREMATORY, 500 CANTERBURY STREET, BOSTON, MASSACHUSETTS 02131		
Endorsements			
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 036992	Local Permit # 036992	
	Date JUNE 25, 2020	Date JUNE 25, 2020	
	Name of Agent JAMES F. HEGARTY		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address) St. Michael Crematory 500 Canterbury Street Boston, MA 02131		Signature 
	Disposition Type Cremation	Date of Disposition 6/29/2020	Name of Superintendent or Authorized Designee: Michael D. Sheehan, G.M.

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000488554

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2020 043810

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name MAURO , JOHN —	
	Place of Death 35 BOSTON ROAD, SOUTHBOROUGH, MA	
	Date of Death AUGUST 08, 2020	Date of Birth SEPTEMBER 04, 1931 Sex MALE
	Residence 35 BOSTON ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772	
	If U.S. veteran, specify war/conflict(s) (most recent) —	
CERTIFIER	Branch of military (most recent) —	
	Rank/organization/outfit(most recent) —	
	Date entered (most recent) —	Date Discharged (most recent) — Service Number(most recent) —
	Certifier SHUNIAN HE, MD Lic # 206099	
	Addr. 640 BOLTON STREET, MARLBOROUGH, MASSACHUSETTS 01752	
Immediate Cause of Death CARDIOPULMONARY ARREST		
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
DISPOSITION	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277	
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS	
	Disposition Type BURIAL	Date of Disposition AUGUST 15, 2020
	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772	
	Endorsements	
PERMIT	Registry of Vital Records and Statistics	
	State Tracking # 043810	Board of Health/Agent for: SOUTHBOROUGH
	Date AUGUST 10, 2020	Local Permit # E-PERMIT
		Date — Name of Agent —
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:	
	Place of Disposition (Facility Name and Address) RURAL CEMETERY 11 CORDAVILLE RD SOUTHBOROUGH, MA 01772 SEC. 9, LOT 1A, GRV#4	Signature
	Disposition Type FULL EARTH BURIAL	Date of Disposition AUG. 15, 2020
	Name of Superintendent or Authorized Designee: BRIDGET H. GILLEY	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000495191 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2020 048718	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name BERTONAZZI , JOSEPHINE P				
	Place of Death 63 A SCHOOL STREET, SOUTHBOROUGH, MA				
	Date of Death SEPTEMBER 10, 2020		Date of Birth MARCH 06, 1925		Sex FEMALE
	Residence 63 A SCHOOL STREET, SOUTHBOROUGH, MASSACHUSETTS 01772				
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent) NO				
	Branch of military (most recent)		Rank/organization/outfit(most recent)		
	Date entered(most recent)		Date Discharged (most recent)		Service Number(most recent)
	Certifier KALINDI MEHTA, MD				
	Addr. 900 UNION STREET, WESTBOROUGH, MASSACHUSETTS 01581				
Immediate Cause of Death CONGESTIVE HEART FAILURE					
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee NANCY G MORRIS				
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS				
	Disposition Type BURIAL				
	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking # 048718		Local Permit # E-PERMIT		
	Date SEPTEMBER 11, 2020		Date — Name of Agent —		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) RURAL CEMETERY 11 CORDAVILLE ROAD, SOUTHBOROUGH, MA SEC. A, LOT 335, CIV #3			Signature X 	
	Disposition Type FULL EARTH BURIAL	Date of Disposition SEPT. 12, 2020		Name of Superintendent or Authorized Designee: BRIDGET A. GILLESPIE	

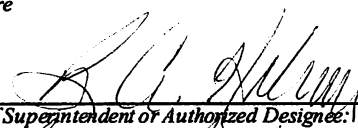
Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

75990

 0000498025 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2020 050501	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name QUINN, JOHN FRANCIS				
	Place of Death 8 WYNDEMERE DRIVE, SOUTHBOROUGH, MA				
	Date of Death SEPTEMBER 23, 2020		Date of Birth OCTOBER 07, 1935		Sex MALE
	Residence 8 WYNDEMERE DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ Date entered(most recent) _____ Date Discharged (most recent) _____ Service Number(most recent) _____				
CERTIFIER	Certifier TIMOTHY P. MURPHY, MD Lic # 156870				
	Addr. 56 COLPITTS ROAD, WESTON, MASSACHUSETTS 02493				
	Immediate Cause of Death RESPIRATORY ARREST				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277				
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS				
	Disposition Type CREMATION		Date of Disposition SEPTEMBER 25, 2020		
	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605				
Endorsements					
PERMIT	Registry of Vital Records and Statistics State Tracking # 050501 Date SEPTEMBER 23, 2020		Board of Health/Agent for: SOUTHBOROUGH Local Permit # E-PERMIT Date _____ Name of Agent _____		
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) RURAL CEMETERY 11 COLVILLE RD. SOUTHBOROUGH, MA NICHE # 613		Signature X 		
CONFIRMATION	Disposition Type INCURMENT		Date of Disposition SEPT. 29, 2020		Name of Superintendent or Authorized Designee: 

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

75990



0000498025

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2020 050501

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name QUINN, JOHN FRANCIS		
	Place of Death 8 WYNDEMERE DRIVE, SOUTHBOROUGH, MA		
	Date of Death SEPTEMBER 23, 2020	Date of Birth OCTOBER 07, 1935	Sex MALE
	Residence 8 WYNDEMERE DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent) NO		
CERTIFIER	Branch of military (most recent) —		
	Rank/organization/outfit (most recent) —		
	Date entered (most recent) —	Date Discharged (most recent) —	Service Number (most recent) —
	Certifier TIMOTHY P. MURPHY, MD		
	Lic # 156870		
CERTIFIER	Addr. 56 COLPITTS ROAD, WESTON, MASSACHUSETTS 02493		
	Immediate Cause of Death RESPIRATORY ARREST		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee NANCY G MORRIS		Lic # 50277
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS		
	Disposition Type CREMATION	Date of Disposition SEPTEMBER 25, 2020	
	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605		

Endorsements

PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH	
	State Tracking # 050501		Local Permit # E-PERMIT	
	Date SEPTEMBER 23, 2020		Date —	
			Name of Agent —	

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address) Rural Cemetery 180 Grove Street Worcester, MA 01605		Signature John H. Cobill
			X
	Disposition Type Cremation	Date of Disposition SEP 25 2020	Name of Superintendent or Authorized Designee: John H Cobill



Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

76338

				Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2020 059002 OCME CASE # 2020-15431		
0000508904 Form R-309 07012014								
Information necessary for the Certificate of Death has been completed for:								
DECEASED	Decedent Name GATHOGO , LEAH WANGECHI							
	Place of Death SUDBURY RESERVOIR, SOUTHBOROUGH, MA							
	Date of Death NOVEMBER 09, 2020			Date of Birth MARCH 09, 1974		Sex FEMALE		
	Residence 54 LEIGH STREET, FRAMINGHAM, MASSACHUSETTS 01701							
	If U.S. veteran, specify war/conflict(s) (most recent) NO							
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____							
	Date entered(most recent) _____		Date Discharged (most recent) _____		Service Number(most recent) _____			
	Certifier ROBERT M. WELTON, MD Lic # 256257							
	Addr. 720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118							
	Immediate Cause of Death PENDING							
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:								
DISPOSITION	Funeral Licensee/ Designee JOHN A. MATARESE, JR Lic # 6664							
	Facility. MATARESE FUNERAL HOME AND CREMATION SERVICE, INC., ASHLAND, MASSACHUSETTS							
	Disposition Type CREMATION			Date of Disposition NOVEMBER 16, 2020				
	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605							
Endorsements								
PERMIT	Registry of Vital Records and Statistics			Board of Health/Agent for: SOUTHBOROUGH				
	State Tracking # 059002			Local Permit # E-PERMIT				
	Date NOVEMBER 16, 2020			Date _____ Name of Agent _____				
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:							
	Place of Disposition (Facility Name and Address) Rural Cemetery 180 Grove Street Worcester, MA 01605				Signature X 			
	Disposition Type Cremation		Date of Disposition NOV 17 2020		Name of Superintendent or Authorized Designee: John H. Cobill			

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000510331 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2020 059872	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name CHESNA , EDNA A Place of Death 100 SEARS ROAD, SOUTHBOROUGH, MA Date of Death NOVEMBER 16, 2020 Date of Birth JUNE 16, 1922 Sex FEMALE Residence 100 SEARS ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent) NO				
	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ Date entered(most recent) _____ Date Discharged(most recent) _____ Service Number(most recent) _____				
	Certifier VINAY KUMAR, MD Lic # 57255 Addr. 246 MAPLE STREET, MARLBOROUGH, MASSACHUSETTS 01752 Immediate Cause of Death SENILE DEMENTIA OF ALZHEIMER'S TYPE				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee SCOTT A. JOHNSTON Lic # 6373 Facility. SLATTERY FUNERAL HOME, INC., MARLBOROUGH, MASSACHUSETTS Disposition Type BURIAL Date of Disposition NOVEMBER 21, 2020 Place/Address SAINT MICHAEL'S CEMETERY, 278 COX STREET, HUDSON, MASSACHUSETTS 01749				
	Endorsements				
	Registry of Vital Records and Statistics State Tracking # 059872 Date NOVEMBER 19, 2020		Board of Health/Agent for: SOUTHBOROUGH Local Permit # E-PERMIT Date _____ Name of Agent _____		
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
CONFIRMATION	Place of Disposition (Facility Name and Address) <i>St. Michael Cemetery</i> <i>Cox St. Hudson MA</i>		Signature <i>Helena Scialano</i>		
	Disposition Type <i>Burial</i>	Date of Disposition <i>11-21-2020</i>	Name of Superintendent or Authorized Designee: <i>Helena Scialano</i>		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000511783

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2020 060581

Information necessary for the Certificate of Death has been completed for:

DECEASED	Decedent Name CHASON, SEWALL GLENN		
	Place of Death 117 CARRIAGE HILL CIRCLE, SOUTHBOROUGH, MA		
	Date of Death NOVEMBER 23, 2020	Date of Birth DECEMBER 03, 1932	Sex MALE
	Residence 114 SAN MARCO DRIVE, PALM BEACH GARDENS, FLORIDA 33418		
	If U.S. veteran, specify war/conflict(s) (most recent) NO		
CERTIFIER	Branch of military (most recent) ---		Rank/organization/outfit(most recent) ---
	Date entered(most recent) ---	Date Discharged (most recent) ---	Service Number(most recent) ---
	Certifier JONATHAN E. SNIDER, MD		Lic # 156979
	Addr. 173 WORCESTER STREET, WELLESLEY, MASSACHUSETTS 02481		
	Immediate Cause of Death MENINGIOMA		
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:			
DISPOSITION	Funeral Licensee/ Designee JULIE BERGER		Lic # 50744
	Facility. LEVINE CHAPEL, BROOKLINE, MASSACHUSETTS		
	Disposition Type BURIAL		Date of Disposition NOVEMBER 24, 2020
	Place/Address BEIT OLAM EAST CEMETERY, 42 CONCORD ROAD, WAYLAND, MASSACHUSETTS 01778		
Endorsements			
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 060581	Local Permit # E-PERMIT	
	Date NOVEMBER 24, 2020	Date --- Name of Agent ---	
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address) Beit Olam East Cemetery 42 Concord Rd. Wayland, ma 01778		Signature x Judith F. Caplan
	Disposition Type Burial	Date of Disposition 11/24/2020	Name of Superintendent or Authorized Designee: Judith Freedman Caplan

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

I hereby designate the Disposition of Cremains and acknowledge receipt of a copy of this form.

"Remains which shall not have been claimed within 120 days from the date of cremation may be disposed of by this firm, in the following manner of disposition _____

TO BE COMPLETED FOLLOWING CREMATION AND DISPOSITION OF REMAINS

I hereby acknowledge that on _____ Date _____

I took possession of the remains of _____ (NAME OF DECEASED)

(NAME OF PERSON RECEIVING CREMAINS)